

MSGID/OPORD/COMUSNAVEUR COMUSNAVAF NAPLES IT/-/OCT//
SUBJ/CNE-CNA/THIS IS A II PART MSG. PART I C6F OPORD MOD 03 directing response to
outbreak of COVID-19 within the CNE-CNA/C6F AOR.//
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Narr/(U) REF A is SECDEF-Approved guidance on the Novel Coronavirus. REF B is REV 01 to SECDEF-Approved DoD Response to Coronavirus EXORD. REF C is MOD 01 to REV 01 to SECDEF-Approved DoD Response to Coronavirus EXORD. REF D is the USEUCOM Base Plan 4451-19 for Pandemic Influenza and Infectious Disease. REF E is USEUCOM MOD 01 to USEUCOM COVID-19 TASKORD. REF F is USEUCOM FRAGO 01 to MOD 01 to USEUCOM COVID-19 TASKORD. REF G is USEUCOM FRAGO 02 to MOD 01 to USEUCOM COVID-19

TASKORD. REF H is USEUCOM TASKORD directing medical logistics support for COVID-19 response. REF I is USEUCOM FRAGO 03 to MOD 01 directing COVID-19 outbreak response. REF J is USEUCOM FRAGO 04 to MOD 01 directing COVID-19 outbreak response. REF K is USEUCOM FRAGO 05 to MOD 01 directing COVID-19 outbreak response. REF L is USEUCOM FRAGO 06 to MOD 01 directing COVID-19 outbreak response. REF M is USEUCOM FRAGORD 07 to MOD 01 to USEUCOM COVID-19 TASKORD. REF N is USEUCOM FRAGORD 08 to MOD 01 to USEUCOM COVID-19 TASKORD. REF O is the USAFRICOM Base Plan 2351-18 for Pandemic Influenza and Infectious Disease. REF P is USAFRICOM TASKORD for response to COVID-19. REF Q is USAFRICOM TASKORD for 14 day restriction of movement prior to travel to USAFRICOM AOR REV 01. REF R is MOD 01 to USAFRICOM TASKORD for 14 day restriction of movement prior to travel to USAFRICOM AOR REV 01. REF S is MOD 02 to USAFRICOM TASKORD for 14 day restriction of movement prior to travel to USAFRICOM AOR REV 01. REF T is USAFRICOM Updated Guidance for Exception to Policy for 14-Day ROM. REF U memorializes SECDEF order to restrict Quality of Life port visits for all U.S. Navy ships in order to prevent the spread of COVID-19. REF V memorializes SECDEF order for all DoD Components to implement Health Protection Condition (HPCON) Charlie. REF W is SECDEF Guidance for Commanders on Risk-Based Changing of Health Protection Condition Levels during the Coronavirus Disease 2019 Pandemic. REF X is SECDEF Transition to Conditions-based Phased Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions. REF Y is SECDEF Delegation of Authority for Passenger, Cargo, and Patient Movement. REF Z is SECDEF Supplement and Clarification to Delegation of Authority for Passenger, Cargo, and Patient Movement. REF AA is SECDEF Guidance on Use of Face Coverings. REF AB is SECDEF Exemption of Authorized Leave for DoD Service Members from Coronavirus Disease 2019 Personnel Movement and Travel Restrictions. REF AC is OUSD(P&R) Force Health Protection (FHP) Guidance for the Novel Coronavirus Outbreak. REF AD is the OUSD FHP Guidance (Supplement 1). REF AE is OUSD FHP Guidance (Supplement 2). REF AF is OUSD FHP Guidance (Supplement 5). REF AG is OUSD FHP Guidance (Supplement 6). REF AH is OUSD FHP Guidance (Supplement 7). REF AI is OUSD FHP Guidance (Supplement 8). REF AJ is OUSD FHP Guidance (Supplement 9). REF AK is OUSD FHP Guidance (Supplement 10). REF AL is OUSD FHP Guidance (Supplement 11). REF AM is OUSD FHP Guidance (Supplement 12). REF AN is OUSD FHP Guidance (Supplement 13). REF AO is OUSD Authorized Departure - Individuals at Higher Risk. REF AP is OUSD Space Available travel program limitations. REF AQ is DoDI 6200.03, Public Health Emergency Management. REF AR is DoDI 6200.04, Force Health Protection. REF AS is NTRP 4-02.10, Shipboard Quarantine and Isolation. REF AT is OPNAVINST 3500.41A, Pandemic Influenza and Infectious Disease Policy. REF AU is USEUCOM Delegation of Travel Waiver Approval Authority - SECDEF Transition to Conditions-based Phased Approach Personnel Movement and Travel Restrictions. REF AV is EUCOM Delegation of Authorities - Exceptions to Space Available Travel Program Limitations. REF AW is USEUCOM Travel Waiver Approval Authorities and Service Member Leave. REF AX is USAFRICOM Delegation of Authorities - Travel Approvals in Response to COVID-19. AY is USAFRICOM Delegation of Authorities - Patient movement in Response to COVID-19. REF AZ is World Health Organization Information for the COVID-19 Pandemic website /<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>. REF BA is US Centers for Disease Control and Prevention (CDC) COVID-19 Guidance website /<https://www.cdc.gov/coronavirus/2019NCoV>. REF BB is Military Health System Novel Coronavirus Information website /<https://www.health.mil/Military-Health-Topics/Combat-Support/Public-Health/Coronavirus>. REF BC is U.S. Department of State

(DoS) Travel Advisory Status

<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html>. REF BD is the Commander, Navy Region Europe, Africa, Central official U.S. Navy website [/https://www.cnic.navy.mil/regions/cnreurafrcent.html](https://www.cnic.navy.mil/regions/cnreurafrcent.html). REF BE is the CDC criteria guide to evaluate Patients Under Investigation. REF BF is U.S. Navy Regulations. REF BG is SECNAV ALNAV 074/11 Command Ashore Authorities. REF BH is ASECNAV(M&RA) Authorized Departure - Individuals at Higher Risk. REF BI is ASECNAV(M&RA) Department of the Navy Exemption of Authorized Leave for Service Members from Coronavirus Disease 2019 Personnel Movement and Travel Restrictions. REF BJ is CNO NAVADMIN 100/20 Navy guidance on the use of face coverings. REF BK is CNO NAVADMIN 113/20 Restriction of Movement Guidance Update. REF BL is CNO NAVADMIN 115/20 update to Navy COVID-19 reporting requirements. REF BM is CNO NAVADMIN 147/20 Guidance to Commanders on Adjusting Health Protection Conditions and Base Services. REF BN is US Navy COVID-19 Prevention Framework. REF BO is US Navy COVID-19 Mitigation Framework. REF BP is US Navy COVID-19 Standardized Pre-Deployment Guidance Clean Crew, Ready for Mission. REF BQ is US Navy COVID-19 Recovery Framework Recover the Force and Restore War Fighting Readiness. REF BR is NAVSEA Updated products list for use in large area disinfection of coronavirus. REF BS is COVID-19: General Guidance for Cleaning and Disinfecting for Non-Health Care Settings. REF BT is Return to Work Guidelines Coronavirus Disease (COVID-19). REF BU is Healthcare Provider Guidance COVID-19 Case Definition & Command Notification. REF BV is DD Form 3112, Personnel Accountability and Assessment Notification for COVID-19 Exposure. REF BW is Coronavirus Disease 2019 (COVID-19) Risk Assessment and Public Health Management Decision Making Tool. To obtain, contact CNE-CNA/C6F Surgeon's Office per paragraph 5.B.3.C. of this document. REF BX is CNE-CNA/C6F COVID-19 Questionnaire. REF BY is CNE-CNA/C6FINST 1050.1 F Leave and Liberty Policy. REF BZ is NAVADMIN 178/20 for COVID-19 Testing. REF CA is NAVADMIN 189/20 Navy Mitigation Measures in response to Coronavirus Outbreak Update 6. REF CB is NAVADMIN 236/20 Updated Procedures for Foreign Visit Requests to U.S. Navy Commands during COVID-19 Pandemic. REF CC is NAVADMIN 264/20 New Global Authorized Departure and Termination Process for Individuals at Higher Risk from COVID-19. REF CD is NAVADMIN 266/20 US Navy COVID-19 Standardized Operational Guidance Version 3.0. REF CE is CNE-CNA/C6F Notice providing guidance on implementation policy for Authorized Departure. REF CF is CNE-CNA/C6F Standardized Risk Mitigation Checklist for Travel to High-Risk Locations. REF CG is CNE-CNA/C6F OPORD MOD 02 directing COVID-19 outbreak response. REF CH is CNE-CNA/C6F FRAGO 001 to OPORD MOD 02 directing COVID-19 outbreak response. REF CI is CNE-CNA/C6F FRAGO 002 to OPORD MOD 02 directing COVID-19 outbreak response.//

NARR/(U) This is a combined COMUSNAVEUR/COMUSNAVAF/COMSIXTHFLT (CNE-CNA/C6F) operational order (OPORD), implementing orders and guidance from REFS A to CF to provide consolidated direction to all subordinate commands, naval commands, and personnel on U.S. Navy installations in the USEUCOM and USAFRICOM areas of responsibility (AOR) regarding COVID-19 response. This OPORD modification (MOD) cancels and supersedes the previous CNE-CNA/C6F OPORD MOD 02 and its fragmentary orders (FRAGORDs), REFS CG to CI.//

1. (U) SITUATION.

1.A. (U) Global Health Pandemic. The impact of the Novel Coronavirus 2019 (COVID-19) global pandemic continues to evolve, threatening the U.S. forces and the broader worldwide community.

1.A.1. (U) Incubation Period. According to the CDC, the time from infection with COVID-19 to developing symptoms ranges from 2-14 days. One study reported that 97.5% of persons with COVID-19 who develop symptoms will do so within 11.5 days of SARS-CoV-2 infection.

1.B. (U) Current Situation.

1.B.1. (U) REFS A to C direct DoD Component response to the COVID-19 outbreak, and direct Combatant Commands to execute their pandemic response and supporting plans as required in response to COVID-19.

1.B.2. (U) CNE-CNA/C6F is executing Phase V (Transition and Recovery) of Pandemic Influenza-Infectious Disease (PI-ID) plans for the initial wave of COVID-19 and Phase 0 (Prepare) for a potential second wave or resurgence.

1.B.3. (U) Cases Rates and Maps for CNE-CNA/C6F AOR. For cases and transmission rates in the CNE-CNA/C6F AOR, CNREURAFCENT will promulgate maps that graphically show location status as high, medium or low risk. These maps will be updated as appropriate, and are discussed in more detail in paragraph 1.E.5. of this order.

1.B.4. (U) Global Case Rates, Maps and Information. CNE-CNA/C6F will not publish detailed transmission rates or maps outside of the AOR; however, REFS AZ to BC contain information concerning COVID-19 globally. Additionally, US CDC publishes global maps and travel notices at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>.

1.C. (U) Current Risk Assessment and Health Protection Condition (HPCON).

1.C.1. (U) CNE-CNA/C6F Risk Assessment. Combatting COVID-19 must be viewed as a military operation, not as an administrative drill or exercise. The perspective of our people should be to comply with restriction of movement and social distancing to combat the spread of the virus within our ranks and our host nations. All engagements, operations, exercises, schools, training, TAD, leave (LV) and liberty should be reviewed diligently considering, but not limited to, the following: mission accomplishment, mission essentiality, risk to mission/risk to force, mission assurance and warfighting readiness. We must think, act and operate in this manner to effectively accomplish this mission.

1.C.2. (U) Health Protection Condition (HPCON).

1.C.2.A. (U) As of 04 June 2020, CNE-CNA shifted to HPCON B with additional measures, with the exception of select installations which remained at HPCON C due to COVID-19 outbreak severity. General guidelines for HPCON levels are outlined in Table 1 of REF W. Installations are required to continue providing decision briefs for notification/approval to increase service levels.

1.C.2.B. (U) IAW REFS W and BM, as host nation policies are relaxed and appropriate conditions are met, CNE-CNA will coordinate HPCON changes using a metrics-based, risk-informed approach in order to methodically ensure services are restored in a safe and responsible manner when conditions permit.

1.C.2.C. (U) CNE-CNA will approve changes in HPCON based on local community health conditions and criteria to include: (1) downward trajectory of reported cases of influenza like illnesses (ILI) and COVID-like illness (CLI); (2) downward trajectory of documented COVID-19 cases or positive tests as a percent of total tests; and (3) capacity of Military Treatment Facility (MTF) and/or local hospitals to treat all patients without situational standards of care with an established COVID-19 testing program in place.

1.C.2.D. Use the following link to guide HPCON actions:

<https://phc.amedd.army.mil/topics/campaigns/covid19/Pages/HPCON.aspx>.

1.D. (U) Current Travel Advisories.

1.D.1. (U) COVID-19 United States Travel Notices and Advisories. Personnel are advised to consult CDC travel health notices at: <https://wwwnc.cdc.gov/travel/notices>, and DoS travel notices at <https://travel.state.gov/content/travel.html> before traveling.

1.D.2. (U) COVID-19 Host Nation Travel Restrictions. Countries within the CNE-CNA/C6F AOR have implemented travel restrictions and/or screening procedures to slow the spread of COVID-19. Travel restrictions change frequently. Travelers should consult the Foreign Clearance Guide (FCG) before starting travel at: <http://www.fcg.pentagon.mil>, as well as the CNREURAFCENT website: <https://www.cnic.navy.mil/regions/cnreuraftcent.html>. The European Commission has also implemented a useful website to help travelers monitor European Union (EU) travel restrictions, available at: <https://reopen.europa.eu/en>.

1.E. (U) Travel Restrictions, Restriction of Movement (ROM), and Other Movement. This paragraph and its subparagraphs apply to all personnel subject CNE-CNA/C6F orders. This includes all subordinate commands under CNE-CNA/C6F operational or administrative control (OPCON or ADCON), all naval commands and personnel in the CNE-CNA/C6F AOR, and all personnel on U.S. Navy installations.

1.E.1. (U) CNE-CNA/C6F Travel Restrictions. Military personnel are prohibited from official and unofficial travel, unless listed in a subparagraph below as authorized or as an exception. Civilian employees and command-sponsored dependents (family members) are prohibited from official government funded travel, unless listed below as authorized or as an exception. Otherwise, civilian employees and family members are strongly encouraged to align personal LV and liberty plans with the guidance outlined below to help protect the health of the CNE-CNA/C6F population. These travel restrictions apply to authorization to travel; however even when travel is allowed by this order, all personnel are required to abide the ROM provisions outlined in paragraph 1.E.2.

1.E.1.A. (U) Local Area Travel.

1.E.1.A.1. (U) "Local area" is defined as the permanent duty station (PDS) host nation for each uniformed personnel, civilian employee and family member. For purposes of this order, European Microstates sharing a land border with a host nation (e.g., San Marino and Italy, Vatican City and Italy, or Andorra and Spain) are considered part of that larger host nation.

1.E.1.A.2. (U) Authorization to Travel within Local Area. All personnel may travel within their local area subject to the following force health protection guidance and restrictions:

1.E.1.A.2.A. (U) Working and/or Residing in Red Regions. All personnel residing and/or working in red regions may travel to/from work, as required by their unit. Military personnel may have approved LV and liberty within their local region. Military personnel may also have approved travel, LV and liberty in their local area with approval from their unit CO or first O-6 in the chain, except that travel to or through other red regions in the local area is prohibited.

1.E.1.A.2.B. (U) Working and Residing in Non-Red Regions. Military personnel who work and reside in non-red regions may travel throughout the local area, except that travel to or through red regions is prohibited. Personnel residing in a non-red region may travel into a red region to go to/from work if doing so is reasonably necessitated by their route of travel or if their work place is in a red location.

1.E.1.A.2.C. (U) Authority to Impose Further Restrictions on Local Area Travel. Installation Commanding Officers (ICOs) are charged with protecting the health of U.S. personnel and the local population around them and may institute more restrictive force health protection measures for the local area for personnel associated with their installation; such measures will be coordinated with CNREURAFCENT and CNE-CNA/C6F.

1.E.1.A.3. (U) Host Nations Restrictions. Host nations continue to maintain and issue new national and local public health decrees. CNE-CNA/C6F respects these decrees and shares in

the responsibility to reduce the transmission of COVID-19 within host nations. When these decrees are less restrictive than the guidance in this order, CNE-CNA/C6F guidance shall be followed. When more restrictive than the guidance in this order, CNE-CNA/C6F guidance is that to the extent practicable, personnel will act in accordance with applicable provisions of these decrees. However, when missions or operations must be performed, deviations from host nation laws and decrees shall be coordinated through CNREURAFCENT to CNE-CNA/C6F.

1.E.1.A.3.A. (U) Host Nation Restrictions in Local Area. ICOs will provide guidance to tenant command personnel and dependents on the impact of host nation or local laws or decrees in their local area. ICOs retain authority to be more restrictive based on their assessment of the threat to force and public health, as discussed in paragraph 1.E.1.A.2.C.

1.E.1.A.4. (U) The authority to travel within a host nation does not relieve personnel of responsibility for her/his health and the health of the force. All local area travelers will take appropriate medical precautions (e.g., frequent handwashing, wearing cloth face coverings, respecting social distancing with those not in your travel party, avoiding under-ventilated or crowded public transportation, and minimizing organization/attendance of large gatherings or social events, etc.) as they travel. CNREURAFCENT will ensure these medical precautions are disseminated and easily available to uniformed personnel, civilian employees and family members.

1.E.1.A.5. (U) All LV requests will be reviewed by the LV approving authority for compliance with this local area travel guidance. LV approvers will also ensure that LV travelers are applying appropriate local area travel personal precautions to their LV plans.

1.E.1.A.6. (U) Personnel are expected to cooperate with host nation/local law enforcement. Seek to de-escalate any situation that arises and reach out to your command for assistance when you cannot.

1.E.1.A.7. (U) Due to resource constraints, persons requesting COVID-19 testing for LV and liberty purposes will be directed to host nation resources.

1.E.1.A.8. (U) Commands may onboard civilian employees within the local commuting area only, and only those whose travel to the local commuting area is not government-funded.

1.E.1.B. (U) Out of Local Area Travel.

1.E.1.B.1. (U) Already Initiated Travel. Travelers who are on approved travel (TDY, LV or liberty) at the time this order is issued are authorized to continue to final destination, and are authorized to return to their PDS.

1.E.1.B.2. (U) Dependent Student Return. Dependent students are allowed to return to the Local Area to be with their primary DoD civilian or military sponsor.

1.E.1.B.3. (U) Medical Treatment. Travel by patients and authorized escorts/attendants for medical treatment, and travel by medical providers to treat DoD personnel and their families, are authorized.

1.E.1.B.4. (U) Individuals traveling for their own retirement or separation are exempt.

1.E.1.B.5. (U) Official Travel. Official travel outside the local area may be approved by unit COs or the first O-6 in the chain of command for personnel residing and working in non-red locations, when traveling to another non-red location and when the travel route goes only through non-red locations. Any official travel involving red locations requires a FO/SES waiver, which must also include notification of the local and/or receiving ICO. Location status for official travel may be obtained from the CNREURAFCENT website discussed in paragraph 1.E.5., and may vary from the location map for unofficial travel and ROM.

1.E.1.B.6. (U) Unofficial Travel (LV and Liberty). Military personnel stationed in non-red regions may take LV and liberty outside their local area with the approval of their unit CO or the first O-6 in their chain of command, as an exemption to travel restrictions. Military

personnel stationed in red regions require FO/SES approval to take LV or liberty outside their local area, which must also include notification of the local and/or receiving ICO, when applicable.

1.E.1.B.6.A. (U) Approvers will conduct a risk assessment of the health status and travel itinerary of the member requesting LV or liberty outside the local area. Such requests may not be approved for members who have symptoms of, or exposure to, COVID-19 within the 14-day period just prior to the requested departure date.

1.E.1.B.6.B. (U) Approvers are advised that travel to or through a red location will trigger ROM requirements per paragraph 1.E.2. of this order, which must be factored into all LV and liberty planning and decisions. Approvers and Service members are also advised that should the traveler become COVID positive while outside the host nation of their PDS, they may encounter significant delays in return due to host nation laws.

1.E.1.B.6.C. (U) Approvers will ensure a means of communication is established for all military personnel approved for LV or liberty out of the local area that covers the period of travel and the post-travel process.

1.E.1.B.6.D. (U) Military personnel on LV or liberty outside their local area will follow DoD, Federal, State, and local restrictions; respect host nation restrictions; and follow command guidance.

1.E.1.B.6.E. (U) Approvers will ensure that military personnel who travel outside their local area for LV or liberty shall be screened for COVID-19 symptoms before returning to work per paragraph 1.F.1.

1.E.1.C. (U) Additional Travel Restriction Exceptions.

1.E.1.C.1. (U) FO/SES Exceptions to Policy (ETP). Travel exception approval authority and responsibilities are delegated to all FO/SES under CNE-CNA OPCODE and ADCON, and may be approved on a case-by-case basis by the first FO/SES in the chain of command - while being coordinated with the local and/or receiving ICO - as ETPs to any of the limitations contained in paragraph 1.E.1. and its subparagraphs. ETPs must be granted in writing, and only for compelling cases where the travel is: (1) determined to be mission essential; (2) necessary for humanitarian reasons; or (3) warranted due to extreme hardship. ETPs will be limited in number, coordinated between the gaining and losing organizations, and will comply with all applicable Combatant Command guidance outside the CNE-CNA/C6F AOR. This includes Space Available travel approval.

1.E.1.C.2. (U) For all intra- and inter-theater unit/equipment under CNE-CAN OPCODE, not constituting Global Force Management (GFM) activities and movements, travel exception approval authority and responsibilities are delegated to the following positions: Deputy Commander, CNE-CNA; Executive Director, CNE-CNA; Chief of Staff, CNE-CNA; and Director Maritime Operations (DMO/N3), CNE-CNA. Exceptions are to be granted on a case by case basis, shall be limited in number, and shall be coordinated between the gaining and losing organizations. Notify USEUCOM J-3 of all approved travel exceptions in the USEUCOM AOR granted under this delegation.

1.E.1.C.3. (U) Travel for GFM activities (defined as deployments/redeployments ordered in the GFM Allocation Plan and Combatant Command Assigned Force Demand tasking, including Services internal rotations to support, and TDY used to source ordered capabilities). Such travel to execute Operations, Activities, and Investments or Service-related training will be coordinated with USEUCOM or USAFRICOM, the Joint Staff, and the U.S. Navy or Marine Corps. GFM-scheduled deployments/redeployments of U.S. Navy vessels and embarked units and personnel is authorized, provided they meet applicable ROM guidance.

1.E.1.C.4. (U) Use military- or DoD-contracted end-to-end travel using aircraft or other conveyance for official travel and DoD-sponsored travelers to the greatest extent practical.

1.E.1.C.5. (U) Travel orders will contain the exemption/ETP under which travel is authorized.

1.E.1.C.6. (U) When practicable within operational requirements, consider either in-place assignment extensions or the applicability of waivers for PCS moves for uniformed personnel with school-age dependents in order to minimize school year disruption and education costs.

1.E.1.C.7. (U) Exemptions and ETPs Subject to Screening Protocols. Individuals traveling under exemptions/ETPs are still subject to the travel screening protocols in paragraph 1.F.

1.E.2. (U) Restriction of Movement (ROM). The ROM provisions detailed in the following subparagraphs apply to all personnel subject to this order, to include civilian employees and command-sponsored dependents. ROM provisions are issued to protect the health and safety of U.S. forces, U.S. personnel, and the local civilian population. Failure to follow ROM provisions may result in disciplinary and/or adverse administrative actions against military personnel and civilian employees, could result in administrative sanctions against other personnel subject to this order, and will re-start the ROM clock to 14 days.

1.E.2.A. (U) Criteria for ROM. The following personnel will be placed in a ROM status:

1.E.2.A.1. (U) Medical ROM or Movement Restrictions.

1.E.2.A.1.A. (U) COVID-19 Cases, Patients Under Investigation (PUI), or Close Contacts of COVID-19 Cases. Personnel who test positive for COVID-19 (COVID-19 cases), or who a healthcare provider designates as a PUI shall be placed in a ROM status. Close contacts of COVID-19 cases will be subject to ROM as determined by healthcare provider.

1.E.2.A.1.B (U) Movement Restrictions Based on Medical Symptoms. Personnel with symptoms of a lower respiratory infection and fever (greater than 100.4 degrees F) are required to stay at home and SELF ISOLATE, and to contact their doctor by telephone immediately. Personnel who feel unwell should err on the side of caution, carefully follow guidance for social distancing, and consult with the chain of command and/or medical personnel before reporting to work.

1.E.2.A.2. (U) Travel ROM. Personnel who arrive from outside the AOR (e.g., PCS or TDY orders from outside the AOR into the AOR) or who are stationed within the AOR and travel outside of their local area (host nation of their PDS) may be subject to ROM. Approval authorities will use the following criteria to assist in determining Travel ROM requirements.

1.E.2.A.2.A. (U) Travel from or through Red Locations. Travel from or through a red location will trigger 14-days ROM. Supervisors shall assess the route of travel, from the point of origin to the destination, including all intermediate stops (which includes all layovers and transfers at airports) to see if the travel route includes any red locations as defined in paragraph 1.G.7, but may not waive travel ROM without a FO/SES ETP.

1.E.2.A.2.B. (U) Entering the CNE-CNA/C6F AOR. To protect the health of the force, all personnel entering the AOR from another AOR shall be placed in a 14-day ROM status.

1.E.2.A.2.C. (U) Traveling within the CNE-CNA/C6F AOR. When traveling within the AOR, personnel who travel across national borders whose travel initiates from or goes through a red location, as defined by paragraph 1.G.7. and depicted in the LV, Liberty & ROM Map discussed in paragraph 1.E.5., will be placed in a 14-day ROM status upon arrival at their destination. Travel within a local area (host nation of PDS) that has been designated red does not trigger ROM.

1.E.2.A.2.D. (U) Traveling outside the CNE-CNA/C6F AOR. When personnel travel outside the AOR, commands will ensure that personnel who travel from a red point of origin or through a red location will be placed in a 14-day ROM status upon arrival at their destination location in all circumstances. Travel approvers will otherwise consult REF AM and applicable Combatant

Command and Navy Component Command policies to ensure compliance with all other ROM requirements. REF AM requires 14-days pre-travel or post-travel ROM when leaving the AOR for travel to countries other than the United States even if green-to-green.

1.E.2.A.2.E. (U) Changes to Location Status After Travel Approval or During Travel. Travel approvers, supervisors and travelers will monitor location statuses before personnel approve or execute travel, and after personnel return from travel. If a location status changes from green or yellow to red that would affect travel, after travel approval but before execution, then a FO/SES ETP is required to execute the travel (the hardship of cancelling such travel will be given significant weight). If a location status changes from green or yellow to red during approved travel, travelers will begin a 14-day ROM period on return until their unit CO or first O-6 in the chain of command conducts a formal review of their travel, in coordination with a medical provider, and makes a risk decision based on potential exposure during travel on whether ROM should be continued. Travel approvers, supervisors and travelers need only make this assessment on the return date from travel; it is not a continuing duty thereafter.

1.E.2.A.3. (U) Host Nation Decrees. Host nations continue to maintain or issue national and local public health decrees, which may include ROM requirements. CNE-CNA/C6F respects host nation ROM requirements and shares in the responsibility to reduce the transmission of COVID-19 within host nations. Personnel will act in accordance with the provisions of these decrees. CNREURAFCENT and ICOs will ensure tenant commands and supported personnel are made aware of local host nation ROM requirements.

1.E.2.B. (U) Command Duties. Commands are responsible for supporting their employees and family members in a ROM status, and will not require personnel in a ROM status to physically report for duty or otherwise disregard ROM. Administrative LV may be granted for civilian employees, if telework is not a viable option.

1.E.2.B.1. (U) ROM is an administrative function that commands should take to protect their workforce and ability to meet the mission. Therefore, commands must issue an order placing individuals into ROM and notify installation emergency managers of those in ROM. A template is available at: <https://www.cnic.navy.mil/regions/cnreurafcntl.html>.

1.E.2.C. (U) Individual Duties.

1.E.2.C.1. (U) Persons conducting ROM outside the CNE-CNA/C6F AOR in preparation to travel to enter AOR and persons conducting ROM in CNE-CNA/C6F AOR must comply with the following ROM guidance. This guidance may not cover every situation encountered; however, personnel are required to continue to exercise good judgment and regard for public safety.

1.E.2.C.1.A. (U) To reduce chances of transmission within your residence if you live with others, take active measures to separate yourself from other people in your home or dwelling, avoid sharing personal items or surfaces such as bathrooms/kitchen, and avoid interaction with pets or other animals to the extent possible; ideally ROM should be conducted in separate lodging from family.

1.E.2.C.1.B. (U) Do not allow visitors of any kind into your quarters, including cleaning or maintenance staff. If staying in on-base temporary lodging, there will be detailed guidance provided for your specific facility that will address issues such as trash removal and use of laundry facilities. Under emergent situations maintenance personnel can be granted access to your quarters to do required repairs that, if not accomplished, would significantly impact your health and safety or that of your household.

1.E.2.C.1.C. (U) Exercise during ROM. Asymptomatic persons in ROM due to upcoming or prior travel history may exercise outdoors provided the following rules are followed: maintain a minimum of 20 feet from all persons during aerobic exercise; avoid common use

outdoor equipment such as pull up bars; symptomatic persons in ROM, PUIs, and COVID-19 cases should not participate in outdoor exercise; close contacts of COVID-19 cases may not participate in outdoor exercise other than walks; and you must wear a cloth face covering when outside your room even if you are outdoors, unless actively engaged in exercise.

1.E.2.C.1.D. (U) Personnel in a ROM status are prohibited from accessing messing facilities, stores, fitness centers, schools, and other widely used support services. This also includes the NEX, Commissary, Mini-Marts, food courts, and grocery stores; however, if absolutely necessary, you may use a laundry facility in the vicinity of your ROM location while wearing a cloth face covering. Arrange with your command to have someone bring you groceries/food if you cannot have it delivered. If requiring essential necessities and you are unable to contact your sponsor or your command, exercise good judgment and regard for public health in resolving the non-emergent essential necessity while respecting HN laws.

1.E.2.C.1.E. (U) Do not travel, use public transportation, or visit common areas (e.g., lobby, lounge, gym, barbeque pit, picnic areas, front desk/reception, or continental breakfast). Do not congregate with friends or others even if they are also in ROM.

1.E.2.C.1.F. (U) Pet owners may take their pets on walks outside to relieve themselves; however, they must stay in the vicinity of their residence, maintain social distancing, wear a mask, and avoid other animals. They are prohibited from using dog parks.

1.E.2.C.1.G. (U) If possible, self-monitor your temperature twice a day for changes (subjective fever or temperature 100.4 degrees F [38.0 degrees C] or greater) and remain alert for the development of COVID-19 symptoms such as cough, difficulty breathing, shortness of breath, sore throat, rhinorrhea (runny nose), nasal congestion, chills, muscle pain, gastrointestinal distress (nausea/vomiting/diarrhea), recent loss of taste/smell, headache, increased confusion, or fatigue.

1.E.2.D. (U) Release from ROM. The decision to release an individual from ROM status requires clearance by the individual's command or the sponsoring command of a command-sponsored dependent. The following criteria must be met for release:

1.E.2.D.1. (U) Health professional concurrence is required for COVID-19 cases and PUI.

1.E.2.D.2. (U) Travel-based ROM requires completion of 14-days of asymptomatic ROM.

1.E.2.E. (U) Members/employees who have family or guests arriving from out of the local area (e.g., family members visiting or returning from outside the local area) may avoid ROM and continue to work, provided the member or employee can avoid close contact with the family and/or guests for 14 days. The returning/visiting family and/or guests should use separate bedrooms, bathrooms, and rooms from the service member and other members of the household. Should close contact occur or anyone in the household develops symptoms, then members/employees should contact medical immediately and explain the situation. Medical will provide further guidance if the member/employee should start ROM.

1.E.2.F. (U) Pre-Travel ROM. With respect to host nation requirements and/or agreements, when able to travel via Bubble-to-Bubble Transfer (B2BT), described in paragraph 1.E.3., by clean transportation to a Navy unit or installation, personnel may execute 14 days ROM prior to travel to fulfill ROM requirements. If a full 14 days ROM cannot be completed before travel, personnel will be required to complete the full 14 days ROM on arrival. Unit ROM or ROM at hotel lodging is preferred over ROM at home where members cannot be separated from their family, or may not maintain ROM.

1.E.2.F.1. (U) USAFRICOM requires a 14 day ROM before travel into the USAFRICOM AOR for all military personnel, civilians, contractors, and foreign partners using U.S. military and contracted aircraft for transport into the USAFRICOM AOR. Quarantine must be maintained

through stopover points prior to arrival to mitigate exposure and travel bubble to bubble via clean air transport as defined in paragraph 1.E.3.A.4.

1.E.2.F.1.A. (U) CLDJ, in addition to 14 day pre-travel ROM, also requires a PCR based test prior to traveling to CLDJ. If a member cannot provide a test result upon arrival, they will be tested at CLDJ and potentially subjected to additional ROM requirements.

1.E.2.F.2. (U) Per REF S, force providers will screen passengers for a 14 day pre-travel ROM compliance by verifying completion of the USAFRICOM Certificate of Mandatory COVID-19 ROM, and denying transportation to those who do not comply. At a minimum, travelers must possess documentation from a level no lower than the first General Officer (GO)/FO/SES in the chain of command or contracting officer approving travel.

1.E.2.F.3. (U) In addition, if individuals or groups traveling to the USAFRICOM AOR cannot check all five boxes of paragraph 2 of the USAFRICOM Certificate of Mandatory COVID-19 ROM, an exception to policy is required containing the information outlined in paragraph 3 of enclosure (1) to REF T.

1.E.2.G. (U) ETPs to ROM Requirements. The ROM requirements of paragraph 1.E.2. and its subparagraphs are mandatory, unless an ETP is approved by the first FO/SES in the chain of command, and coordinated with the local ICO, per paragraph

1.E.1.C.1. after completing risk mitigation framework in REF CF.

1.E.2.G.1. (U) ROM ETPs will only be used in limited circumstances, where the 14 day ROM requirement is modified only the amount necessary to meet mission essential, humanitarian or hardship justifications. REF CF provides the risk mitigation measures that must be taken before, during and after travel.

1.E.2.G.2. (U) Prior to commencing travel to red locations within the CNE-CNA/C6F AOR, personnel desiring to request an ETP to modify the 14-day ROM standard will complete and submit enclosure (1) of REF CF to the first FO/SES in their chain of command, and ensure coordination with the local ICO.

1.E.3. (U) Bubbles and B2BT.

1.E.3.A. (U) Definitions. The following terms apply to Bubbles and B2BT.

1.E.3.A.1. (U) Bubble. Term to describe cleared personnel, units or installations regarded as having a low probability of COVID-19 infection (e.g., an individual who completes 14 days of ROM and can pass COVID-19 screening, or a ship underway for greater than 14 days without any COVID-19 positive personnel).

1.E.3.A.2. (U) Bubble Integrity. Term to describe cleared units or installations that are able to maintain a low probability of COVID-19 infection because the unit or installation takes sufficient measures to segregate and clear incoming personnel through 14 day risk periods.

1.E.3.A.3. (U) Clean Vehicles. A government controlled vehicle (aircraft or vessel) that has not transported a COVID-19 case or PUI in the past 7 days or that has been disinfected immediately prior to use, and that only transports cleared passengers onboard (aircrew are considered clean).

1.E.3.A.4. (U) Clean Air Transport for bubble to bubble to NAVEUR. Clean air transport for bubble to bubble consideration is defined as having all passengers on board the aircraft completing a 14 day ROM and wearing Cloth Face Coverings for the entire duration of the flight. MILAIR aircraft does not guarantee a clean flight.

1.E.3.B. (U) B2BT and Bubble Integrity Policy.

1.E.3.B.1. (U) B2BT. B2BT is achieved when cleared units or personnel are transferred from one local area to another using clean vehicles, where all passengers on the clean vehicles are cleared themselves. B2BT can only be executed with clean vehicles, and cannot be executed with commercial air, sea or ground transportation. When units or personnel execute B2BT, it

serves as the equivalent of a FO/SES ETP to U.S. official travel restrictions in paragraph 1.E.1. and to U.S. ROM requirements in paragraph 1.E.2.; however, B2BT does not exempt units or personnel from host nation requirements, which still require a FO/SES ETP for deviations.

1.E.3.B.2. (U) Unit and Installation Bubble Integrity. When units or installations receive new personnel, who are not cleared themselves, units and installations may maintain bubble integrity by segregating them from the rest of the unit or installation population, without any close contact, for a period of 14 day ROM period. If new personnel are asymptomatic for 14 days, the ROM ends and the new personnel may join the bubble without affecting unit or installation bubble integrity. This cannot be achieved if the newly reported personnel come in close contact with others, in which case the 14 day time period resets to zero for the new personnel and the personnel who came in close contact with them are required to isolate for 14 days themselves.

1.E.3.B.3. (U) ICOs retain the authority to implement more stringent B2BT guidance for their installation based on mission, risk, and host nation policy considerations. All B2BT plans shall be coordinated between the traveling unit(s), gaining installation, and CNREURAFCENT ROC.

1.E.4. (U) Patient Movement.

1.E.4.A. (U) The movement of patients with COVID-19 should be limited. For personnel who require medical treatment, all efforts should be made to treat COVID-19 cases and PUIs at the nearest appropriate medical facility. However, COVID-19 positive patient movement or movement of PUIs may be necessary when local resources are overwhelmed, a higher level of medical care is required, or if mission requirements dictate. Movement of asymptomatic persons who were exposed to COVID-19, but may be contagious, may be necessary as well.

1.E.4.B. (U) See Attachment 1 of REF AF for DoD guidance on air movement of COVID-19 patients and COVID-19 exposed persons on DoD aircraft, decontamination procedures, and post-mission crew monitoring.

1.E.4.C. (U) See Attachment 2 of REF AF for DoD guidance on ground movement of COVID-19 patients, PUIs with signs/symptoms of respiratory illness, and COVID-19 exposed persons on DoD ground vehicles, vehicle decontamination procedures, and crew monitoring procedures.

1.E.4.D. (U) Per REF Y, authority to approve transport of COVID-19 contaminated, contagious, and potentially exposed patients within the DoD Global Patient Movement system is held by CDR, USTRANSCOM. Per REFS Z and AY, authority to approve COVID patient movement at the tactical level on aircraft assigned, allocated or under contract to a Geographic Combatant Command (GCC), as well as patient movement by surface means, is delegated to the GCC for their AOR, and within USAFRICOM, this has been delegated to Commander, CNE-CNA.

1.E.5. (U) CNE-CNA/C6F Travel and ROM Maps. CNREURAFCENT will publish maps showing geographic location statuses (green, yellow and red) for travel and ROM. These maps will be data driven to capture risk based on known infection rates, risk assessment, and applicable guidance. The LV, Liberty & ROM Map will be public facing, while the Official Travel Map will be CAC-enabled and will contain official guidance for government-sponsored travelers.

1.E.5.A. (U) CNE-CNA/C6F LV, Liberty & ROM Map. CNREURAFCENT will collate the most current pandemic data and applicable guidance into a comprehensive public-facing map for LV, liberty and ROM in the CNE-CNA/C6F AOR. The map will reflect location status and any more restrictive local ICO guidance. This map will be updated, at appropriate intervals, at: <https://www.cnic.navy.mil/regions/cnreurafcntl/om/covid19.html>

1.E.5.B. (U) CNE-CNA/C6F Official Travel Map. All official travel considerations shall be informed by the EUCOM official travel tracker which can be viewed on the EUCOM portal at <https://command.eucom.smil.mil/pages/home.aspx>.

1.E.5.C. (U) European Internal Country Restrictions. Approving officials and travelers are advised to review the European Commission website: <https://reopen.europa.eu/en> before travel to research EU country-specific restrictions affecting travel and ROM.

1.F. Screening, Testing, Operational Risk Mitigation, and Medical Reporting.

1.F.1. (U) All forces afloat and aircraft personnel will be screened before embarkation and debarkation, using the CNE-CNA/C6F COVID-19 Screening form, REF BX, located on the CNE-CNA/C6F Collaboration At Sea site. If screening identifies the member is at risk, the member will receive a medical evaluation.

1.F.1.A. (U) Aircraft units will screen personnel prior to embarking on flights to airfields in different countries. For aircraft that visit multiple airfields in multiple countries in a flight profile, mission commanders will screen personnel prior to embark at each airfield.

1.F.2. (U) Testing Ashore. Testing may include viral testing and COVID-19 testing at the nearest TRICARE approved host nation facility. MTFs are the preferred location for evaluation but may not be available. If MTF is not available, use one of the international SOS identified, TRICARE approved host nation hospitals.

1.F.3. (U) Isolation Ashore. Patients with medical evaluation concerning for COVID-19 will remain ashore until they meet Navy Return to Work Criteria. Members left ashore will be assisted by active duty forces ashore as coordinated by their host command. If unable to leave member ashore, embark and isolate the member. Member will remain in isolation for 14 days, or when cleared by a competent medical authority and meet Navy Return to Work Criteria. If underway and medical situation is determined to be life threatening use existing MEDEVAC procedures at earliest opportunity.

1.F.4. (U) Pre-Deployment and Deployment Operational Risk Management. All personnel, ships and aircraft deploying in the CNE-CNA/C6F AOR will comply with REF CD, Navy Standard Operational Guidance 3.0, and the following amplifying guidance.

1.F.4.A. (U) Pre-Deployment Requirements.

1.F.4.A.1. (U) Pre-Deployment ROM-Sequester. Prior to deployment, all personnel, ships and aircraft will conduct a minimum 14-day ROM-Sequester. This achieves a bubble, which is to be maintained as an operational necessity, absent compelling operational requirements or other circumstances that require a bubble penetration per a Fleet-approved CONOPS per to paragraph 1.F.4.C.

1.F.4.A.2. (U) Pre-Deployment Screening. Prior to deployment, conduct a screening of COVID-19 exposure history, temperature check, COVID-19 signs and symptoms, review of any past COVID-19 testing and a thorough evaluation of the members high risk factors. Requests for pre-deployment testing support should be submitted in accordance with the Operational Risk Reduction (ORR) Testing guidance in paragraph 1.F.4.A.3. Testing does not guarantee a clean unit. Units should continue to focus on daily symptom screening, social distancing, and enhanced cleaning to reduce disease spread.

1.F.4.A.3. (U) Operational Risk Reduction (ORR) Testing Guidance. ORR testing is testing required for deploying units and any units, adaptive force packages, or individuals who will embark a vessel or perform their duties within shore-based deployed environments and persons requiring testing for official travel due to host nation requirements.

1.F.4.A.3.A. (U) If ROM-Sequester occurs aboard a ship or in a group setting, deploying unit must test in and out of ROM-Sequester with initial sample collected on day 1 and subsequent sample taken between day 10 and day 14 of ROM-Sequester.

1.F.4.A.3.B. (U) Personnel completing ROM-Sequester prior to embarkation on a ship or submarine in individual setting must test-out of ROM-Sequester between days 10 and 14.

1.F.4.A.3.C. (U) Personnel completing ROM-Sequester prior to shore-based deployment in individual setting are not required to have a test at the end of 14 day ROM-Sequester, unless required by host nation or shore-based installation for entry.

1.F.4.A.3.D. (U) A negative test is not required for personnel who recovered from COVID-19 within the past 90 days.

1.F.4.A.3.E. (U) Deploying units will identify and communicate ORR testing requirements for next 8 weeks, to be validated and approved via their chain of command to the CNE-CNA/C6F Maritime Operations Center (MOC) ORR Program Manager, who shall validate and approve the requirements.

1.F.4.A.3.F. (U) Requests for more than 50 tests shall be more than 21 days in advance. Requests made within 21 days of test date require O-6 justification on why testing request was not provided sooner.

1.F.4.A.3.G. (U) Requests for tests within 7 days of test date will be difficult to accommodate and may not be approved. These require coordination with Force Medical, and CNE-CNA/C6F FO/SES approval.1.F.4.B. (U) Deployment Requirements.

1.F.4.B.1. (U) Deployed units shall maintain bubble integrity throughout their deployment.

1.F.4.B.2. (U) Ship Riders. Ship riders, to include support personnel, will complete a 14-day ROM prior to embarking on or joining a deployed unit (bubble) to maintain bubble integrity. Compelling operational requirements may require penetrating a bubble without ROM, but only per a Fleet-approved CONOPS per to paragraph 1.F.4.C.

1.F.4.B.3. (U) Port Calls. DoD personnel (to include DoD contractors) assigned to ship's crew, or assigned/embarked onboard a vessel as a ship rider, with established bubbles may not take liberty during port calls, except per a Fleet-approved CONOPS coordinated through C6F DMO, and only so long as the plan maintains the bubble or is part of a longer maintenance period where the bubble can be regained before deployment.

1.F.4.C. (U) Fleet-approved CONOPS. It is an operational imperative for deployment units to achieve a bubble and maintain bubble integrity throughout deployment. Anything that would require penetration of the bubble must be approved by Commander, C6F in a Fleet-approved CONOPS submitted through C6F Director of Maritime Operations via the cognizant CTF. Additionally, off-ship liberty during port calls is inherently risky and requires a Fleet-approved CONOPS to ensure sufficient risk mitigation measures are in place to maintain bubble integrity.

1.F.5. (U) Testing Underway. If available, ships will collect and prepare the samples IAW CDC guidelines for persons with COVID-19 symptoms. Laboratory samples will be sent to the nearest MTF or LRMC for testing.

1.F.6. (U) Screening Underway. All personnel will self-monitor for COVID-19-like symptoms for 14 days after port visits.

1.F.7. (U) Isolation Underway. If a member is required to be isolated underway, member will be isolated in a designated area IAW NTRP 4-02.10. Ensure care and feeding of crew is separate from isolated individuals IOT prevent cross-contamination.

1.F.8. (U) Medical Evacuation. If a member is tested positive for COVID-19, the member will be medically evacuated off the ship only if the medical condition requires it.

1.F.9. (U) All persons requiring ROM and COVID-19 cases will be reported to CNE-CNA/C6F IAW procedures in 5.B.

1.G. (U) Definitions. In this OPORD, the following definitions apply:

1.G.1. (U) CNE-CNA/C6F Personnel. CNE-CNA/C6F service members, civilians (including U.S. and foreign nationals), contractors, dependents, and other persons associated with activities or services provided to service members, civilians, contractors, and dependents.

1.G.2. (U) CNE-CNA/C6F COVID-19 Event. CNE-CNA/C6F personnel placed on restriction of movement, classified as persons under investigation, COVID-19 cases, or any COVID-19 related impact to a unit's or installation's personnel, equipment, or infrastructure.

1.G.3. (U) DoD COVID-19 Event. Any DoD service member, civilian, contractor, or dependent placed on restriction of movement, classified as persons under investigation, COVID-19 cases, or any COVID-19 related event affecting a unit's or installation's personnel, equipment, or infrastructure. This definition is established to support Commander's Critical Information Requirement (CCIR) to confirm or adjust CNE-CNA/C6F procedures based on response success in other AORs.

1.G.4. (U) Restriction of Movement (ROM). General DOD term for limiting personal interaction to reduce risk to the health, safety and welfare of a broader cohort. ROM is used to minimize risk of individuals encountering COVID-19 contagious individuals, and to prevent personnel who have been in a higher risk area from potentially infecting others. ROM includes isolation, quarantine and ROM-sequester. See REF CD for definitions of isolation, quarantine, and ROM-sequester.

1.G.5. (U) Close Contact. Intimate contact or proximity of six feet or less for fifteen minutes or greater to include exposure to cough, sneeze, or other bodily fluids.

1.G.6. (U) Social Distancing. Maintain a minimum of two meters between all personnel, implement shift work, limit size of in person meetings, limit group activities, limit persons in high traffic areas (e.g., Commissary), and minimize organization/attendance at large gatherings and social events.

1.G.7. (U) Geographic Location Definitions.

1.G.7.A. (U) Red Locations. Countries or regions designated high risk. Red locations have greater than 50 COVID-19 cases per 100K population presenting over the previous 7 days, or have been further restricted by ICOs resident within the host nation in question.

1.G.7.B. (U) Yellow Locations. Countries or regions designated medium risk based on the rate of COVID-19 cases per 100k population presenting over the previous 7 days, coupled with the rate of increase in cases and other epidemiological based criteria. Travel to these locations is not restricted by COVID-19 case incidence.

1.G.7.C. (U) Green Locations. Countries or regions designated low risk based on the rate of COVID-19 cases per 100K population presenting over the previous 7 days, coupled with the rate of increase in cases and other epidemiological based criteria. Travel to green locations is not restricted by COVID-19 case incidence.

1.G.8. (U) Deployment. For purposes of this order, deployments include operational deployments as defined by OPNAVINST 3000.13.D, Service DEPOD movement for inter-fleet transfer, any underway period away from homeport scheduled for 30 days or greater, any underway period away from homeport where the unit does not have the ability to return to a U.S. Navy port within 72 hours, and any underway period for Military Sealift Command ships (to include time charters) in theater on operational missions.

1.H. (U) Assumptions.

1.H.1. (U) DoS will not request DoD support for Foreign Disaster Relief.

1.H.2. (U) All regions in CNE-CNA/C6F AOR will not be affected by COVID-19 simultaneously or to the same degree. CNE-CNA/C6F may be executing multiple phases concurrently depending on local COVID-19 events of varying severity.

1.H.3. (U) CNE-CNA/C6F has limited organic capability and capacity to transport and/or isolate CNE-CNA/C6F personnel affected by COVID-19 events.

1.H.4. (U) There will be a significant reduction in civilian/military transportation capacity impacting acquisition and distribution of supplies to forces and personnel transport for official travel.

1.H.5. (U) A surge in private demand and stockpiling of consumer goods will cause CNE-CNA/C6F shortfalls.

1.H.6. (U) In a severe outbreak, U.S. Navy MTFs may be overwhelmed by DoD beneficiaries. Civilian hospitals may also be overwhelmed. If outsourcing of patient care to civilian hospitals is not possible, MTFs will need to prioritize treatment of military personnel and other beneficiaries and plan for use of alternate care facilities.

1.H.7. (U) Procedures implemented to respond to COVID-19 events on ships and installations will not require MEDEVAC unless complications arise that present risk to life, limb, or eyesight.

2. (U) MISSION. (U) CNE-CNA/C6F executes a coordinated response to COVID-19 in order to delay transmission of COVID-19 across the force (sailors, civilians, families, and contractors), protect the civilian population at the US homeland and abroad, and ensure the continuity of mission essential functions.

3. (U) EXECUTION.

3.A. (U) Commander's Intent.

3.A.1. (U) Purpose. CNE-CNA/C6F will support efforts to prevent, contain, and aid in the recovery from a COVID-19 event to maintain mission assurance, operational readiness, and force health protection (FHP).

3.A.2. (U) Method.

3.A.2.A. (U) Identify preparation procedures and supervise the rehearsal of procedures at the unit level.

3.A.2.B. (U) Develop and execute procedures that enable rapid response to COVID-19 on installations, ships, or remote locations with CNE-CNA/C6F personnel.

3.A.2.C. (U) Monitor progress of the virus within the EUCOM/AFRICOM AOR via DoD and the Interagency.

3.A.3. (U) End State. CNE-CNA/C6F maintains operational continuity and is postured to respond to a COVID-19 event.

3.B. (U) Concept of Operations.

3.B.1. (U) CNE-CNA/C6F will prepare for and conduct actions to mitigate impacts to operations in a COVID-19 environment. The priority of effort is surveillance of virus outbreaks and activities to assure and solidify collaborative relationships. These efforts will ensure freedom of action of assigned forces, continuity of assigned missions, and assurance of base and installation infrastructure and support services. The six phases of PI-ID response are Prepare, Protect, Mitigate, Respond, Stabilize, and Transition/Recover. CNE-CNA/C6F may direct execution of tasking from different phases based on considerations specific to PI-ID events occurring in the AOR. Depending on local conditions, subordinate commands are authorized to execute FHP measures that exceed, but do not fall below, the designated CNE-CNA/C6F phase level.

3.B.2. (U) Phase Narratives.

3.B.2.A. (U) Phase 0 Prepare.

3.B.2.A.1. (U) Commander's Intent. Prepare CNE-CNA/C6F for continued operations in the event of a PI-ID event. The priority of effort is FHP and surveillance of virus outbreaks. Phase 0 activities are ongoing throughout all phases.

3.B.2.A.2. (U) Objectives and Effects. CNE-CNA/C6F is prepared for a PI-ID outbreak. PI-ID threats are identified. Desired effects are: DoD, CNE-CNA/C6F, Interagency, and international partners synchronize planning, response, and communications.

3.B.2.A.3. (U) Execution. Actions taken in this phase may be required during all phases. CNE-CNA/C6F develops estimates, strategies, and plans and acquires resources to protect the CNE-CNA/C6F community and to accomplish the mission in a PI-ID environment.

3.B.2.A.4. (U) Tasks. Key tasks during Phase 0 include routine surveillance, continued PI-ID planning efforts, acquisition of PI-ID protection kits, and education of CNE-CNA/C6F personnel.

3.B.2.A.5. (U) Phase Transition Criteria. CNE-CNA/C6F shifts from Phase 0 to Phase I as directed, when conditions indicate a general disease threat of operational significance that requires enhanced prevention and protection measures.

3.B.2.B. (U) Phase I Protect.

3.B.2.B.1. (U) Commander's Intent. Prepare our personnel, facilities, and equipment for a COVID-19 event, educate our personnel on proper FHP and other measures, and work to identify potential and active cases early.

3.B.2.B.2. (U) Objectives and Effects. The health of CNE-CNA/C6F personnel is protected and freedom of action is maintained to conduct assigned missions. Desired effects are: CNE-CNA/C6F personnel understand and implement appropriate FHP measures and adhere to designated restrictions, potential COVID-19 cases are identified in a timely manner, and CNE-CNA/C6F personnel and subordinate commands are postured to mitigate impacts of a COVID-19 event.

3.B.2.B.3. (U) Execution. Actions taken in this phase include continued situational awareness of COVID-19, limiting the spread of the disease geographically, enhanced education and training of the population, refinement of plans, coordination with HN, Interagency, and international partners, and strategic communications. Success in Phase I is achieved by sufficient education of CNE-CNA/C6F personnel and implementation of heightened FHP measures to prevent COVID-19 events.

3.B.2.B.4. (U) Tasks. Key tasks during Phase I include education of CNE-CNA/C6F personnel on COVID-19, enhanced situational awareness, refining and exercising emergency response plans, supporting mitigation measures, enhanced Interagency and international partner coordination, and prepositioning of key capabilities to ensure mission continuity.

3.B.2.B.5. (U) Phase Transition Criteria. CNE-CNA/C6F transitions to Phase II Mitigate when a specific disease threat with epidemic or pandemic potential is spreading efficiently and impact on forces is likely.

3.B.2.C. (U) Phase II Mitigate.

3.B.2.C.1. (U) Commander's Intent. Mitigate the impacts of COVID-19 without significantly impacting mission execution; localized Phase II implementation may not require blanket actions or restrictions across the theater. We will address the COVID-19 event by containing the virus within the smallest group of personnel possible, leveraging command expertise to support the affected unit, ship, and/or facility, and informing leadership and higher headquarters to allow for prompt preventive actions and synchronized messaging across the theater.

3.B.2.C.2. (U) Objectives and Effects. CNE-CNA/C6F COVID-19 events are effectively contained. Mitigation actions do not significantly affect mission accomplishment. Desired effects: Operational requirements are fulfilled, virus spread is limited to the initially identified contact population, and equipment and facilities are cleaned and returned to service in a timely manner.

3.B.2.C.3. (U) Execution. Actions taken in this phase include continued situational awareness of COVID-19, execution of containment plans to limit the spread of the disease geographically, ongoing refinement of plans, continued coordination with HN, Interagency, and international partners, and strategic communications. Success in Phase II is achieved by the effective containment of a COVID-19 event without significant impact on mission.

3.B.2.C.4. (U) Tasks. Key tasks during Phase II include dissemination of current intelligence and analysis to commanders and decision makers, coordination to mitigate potential disruptions to operations and supply channels, and prioritization and distribution of PPE stocks to medical personnel and first responders to ensure FHP.

3.B.2.C.5. (U) Phase Transition Criteria. CNE-CNA/C6F transitions back to Phase I when sustained community transmission is contained and mitigated. CNE-CNA/C6F transitions to Phase III, Respond when a COVID-19 event reaches high transmissibility, high severity, and is spreading efficiently signaling a breach of containment with impact on mission assurance or if regional restrictions begin to limit freedom of movement of mission essential personnel, presenting risk to mission assurance.

3.B.2.D. (U) Phase III Respond.

3.B.2.D.1. (U) Commander's Intent. Protect the health of CNE-CNA/C6F personnel in order to maintain mission assurance. The peak of the outbreak is anticipated to occur during this phase, therefore broader measures will be taken in Phase III to contain the spread of COVID-19 and mitigate widespread community transmission.

3.B.2.D.2. (U) Objectives and Effects. CNE-CNA/C6F COVID-19 events are effectively contained and stabilized and mitigation actions do not significantly affect mission accomplishment. Desired effects: Operational requirements are fulfilled, virus spread is stabilized, and affected equipment and facilities are returned to service in a timely manner.

3.B.2.D.3. (U) Execution. Actions taken during this phase will include broader measures to protect CNE-CNA/C6F personnel while maintaining freedom of action to conduct assigned missions. Success in Phase III is achieved by effective FHP, delay or halt of COVID-19 infection spread, and continued mission assurance.

3.B.2.D.4. (U) Tasks. Key tasks during Phase III include dissemination of current information to decision makers, coordination for disruptions to force rotations, operations, and supply channels, and distribution of PPE stocks to medical personnel and first responders to ensure FHP. Forces will prepare to execute COOP as required.

3.B.2.D.5. (U) Phase Transition Criteria. CNE-CNA/C6F transitions to Phase IV Stabilize, when COVID-19 epidemiology indicates that case incidence is no longer increasing, an appropriate authority has declared the peak of the COVID-19 event, and operational conditions require stabilization of CNE-CNA/C6F efforts to address the remainder of the event.

3.B.2.E. (U) Phase IV Stabilize.

3.B.2.E.1. (U) Commander's Intent. Maintain CNE-CNA/C6F continuity of operations. Priority of effort is protecting CNE-CNA/C6F personnel while ensuring forces are capable of performing missions vital to national interests. Secondary effort is to support USG efforts to respond to and stabilize the environment following the peak of COVID-19 outbreak.

3.B.2.E.2. (U) Objectives and Effects. FHP and operational readiness is maintained to include essential functions and services. Desired effects: COVID-19 does not impair key population or operations, and critical capabilities and infrastructure is not degraded.

3.B.2.E.3. (U) Execution. Actions taken during this phase include protection of CNE-CNA/C6F personnel, maintenance of freedom of action to conduct assigned missions, and support in mitigating the follow-on effects of COVID-19.

3.B.2.E.4. (U) Tasks. Key tasks during Phase IV include the COOP of mission essential personnel IOT maintain operational readiness, shelter and sustainment of non-essential personnel in place IOT ensure continued community recovery, and contracting for contingency support IOT sustain operational functions and installations.

3.B.2.E.5. (U) Phase Transition Criteria. CNE-CNA/C6F transitions to Phase V Transition and Recover when case incidence is declining, epidemiology indicates that the COVID-19 outbreak is approaching termination, and conditions allow reestablishment of steady-state operations.

3.B.2.F. (U) Phase V Transition and Recover.

3.B.2.F.1. (U) Commander's Intent. Reconstitute the force and return to steady-state operations. Priority of effort is redeployment and reconstitution of the force. Secondary effort is support to USG efforts to re-establish steady state conditions.

3.B.2.F.2. (U) Objectives and Effects. CNE-CNA/C6F forces are redeployed/reconstituted. Desired effects: COVID-19 does not impair key population or impair operations, critical capabilities and infrastructure is not degraded.

3.B.2.F.3. (U) Execution. During this phase CNE-CNA/C6F conducts force recovery operations and will support efforts to re-establish normal support conditions with key partners. Success in this phase is achieved when CNE-CNA/C6F forces and assets have been returned to steady-state operations.

3.B.2.F.4. (U) Tasks. Key tasks during Phase V include redeployment of response forces, continued situational awareness, and tasks associated with returning to normal operations.

3.B.2.F.5. (U) Phase Transition Criteria. CNE-CNA/C6F transitions to Phase 0 operations when conditions indicate that COVID-19 event(s) have subsided. CNE-CNA/C6F COVID-19 support to USEUCOM/USAFRICOM, DoD, Interagency, and partners is no longer required, and the disease is no longer an operational concern. CNE-CNA/C6F will transition to an earlier phase, as required, if there are indications of a resurgence of COVID-19 events in the AOR.

3.C. (U) Tasks.

3.C.1. (U) Tasks to CNE-CNA/C6F.

3.C.1.A. (U) Make required reports to USEUCOM and USAFRICOM IOT maximize theater situational awareness and support informed decision making.

3.C.1.B. (U) ICW Force Medical, PHEO, and Public Affairs (PA) conduct information sharing for education, community awareness, and reporting protocols to COVID-19 for all CNE-CNA/C6F personnel.

3.C.1.C. (U) ICW Force Medical and PHEO, ensure proper dissemination of current intelligence and analysis to key decision makers.

3.C.1.D. (U) Define and delineate reporting requirements and criteria to subordinates for COVID-19 events IOT align with USEUCOM and USAFRICOM requirements.

3.C.1.E. (U) Ensure subordinate and tenant command emergency action plans (EAPs) are reviewed and updated, to include mission essential functions and personnel (by billet), and identify anticipated requests for support (RFS).

3.C.1.F. (U) Stand up Crisis Action Team (CAT) IOT coordinate COVID-19 response and conduct follow-on branch planning.

3.C.1.G. (U) Support USAFRICOM and USEUCOM planning efforts IOT ensure a coordinated response across the AOR.

3.C.1.H. (U) Identify and implement social distancing strategies to include shift work, telework, limiting community events, and limiting number of personnel in support facilities IOT mitigate spread of COVID-19.

3.C.1.I. (U) ICW N1, identify uniformed manpower IOT ensure continued facility support to include cleaning and other basic maintenance requirements.

3.C.1.J. (U) Coordinate to determine and validate personnel movement requirements and enter movement data into JOPES for visibility and sourcing.

3.C.1.K. (U) Conduct early return of portions of the civilian and dependent population that is assessed to be at higher risk of a poor health outcome if exposed to a COVID-19 infection.

3.C.1.L. (U) BPT execute COOP of mission essential personnel to USS MOUNT WHITNEY (MTW) or alternate HQ locations IOT maintain mission assurance.

3.C.1.M. (U) BPT mobilize portions of the reserve component IOT mitigate the impact of a severe outbreak of COVID-19.

3.C.1.O. (U) Use taskable air assets or alternate means as appropriate to craft a regional logistics network connecting military sites within France, Spain, Portugal or Southern Italy as required to deliver medical equipment or COVID test samples to/from regional hubs or NAS Rota, NAS Souda Bay, Aviano AB, or directly to Ramstein AB.

3.C.1.P. (U) Participate in daily synchs as scheduled by USAFE or USEUCOM Deployment Distribution Operations Denter (DDOC).

3.C.1.Q. (U) Lead on-site coordination at nodes where CNE-CNA has requested support. This includes but is not limited to: material handling equipment, coordinating movement of passengers/ cargo to from airfield and aircraft, and safe haven actions for aircrew.

3.C.1.R. (U) Maintain database of ETP memorandums for all passenger movements.

3.C.1.S. (U) BPT support COVID related theater-wide movements to and from Ramstein AB.

3.C.1.T. (U) Submit daily COVID-19 reports to OPNAV by 1900Z IAW REF BL.

3.C.1.U. (U) All commands will submit OPREP-3 to CNO Washington DC and COMUSNAVEUR COMUSNAF Naples It for all Military and Civilian members who test positive for COVID-19 IAW REF BL.

3.C.1.V. (U) IAW REF J, Responsible medical authorities will consult with CNE-CNA respecting the application of international agreements to medical reporting. Such consultation is required before a responsible medical authority rejects, in whole or in part, a host nation public health authority's request for information.

3.C.1.W. (U) ICW CNREURAFCENT, IAW REF N and R, within 24 hours of determining a passenger transported via USTRANSCOM airlift is COVID-19 positive, CNE-CNA/C6F will report passenger details to the USEUCOM JOC or USAFRICOM JOC, as appropriate. Passenger details shall include: mission number, seat number, reason for travel/rank, number of potential close contacts exposed, origin of passenger/losing organization, and a receiving organization point of contact.

3.C.1.X. (U) IAW REF S, inform force providers to screen passengers for completion of 14 day pre-travel ROM by verifying completion of enclosure (1) of REF S, (Change 1) USAFRICOM Certificate of Mandatory COVID-19 ROM, and denying transportation for non-compliance. At a minimum, travelers must possess documentation from a level no lower than the first GO/FO/SES in the chain of command or contracting officer approving travel.

3.C.2. (U) Tasks to CNE-CNA/C6F staff directorates.

3.C.2.A. (U) Tasks to N1.

3.C.2.A.1. (U) ICW Comptroller, consolidate and report data on CNE-CNA/C6F personnel meeting travel history or health status reporting criteria IAW current travel advisories and restrictions.

3.C.2.A.2. (U) Identify and report mission essential personnel required to sustain critical command activities IOT maintain mission assurance.

3.C.2.A.3. (U) ICW Comptroller, implement a central repository to capture the TDY and LV travel of all assigned service members, DoD civilians, and U.S. contractor personnel that captures the following information: Name, EDIPI, from/to travel dates, city, and country.

3.C.2.A.4. (U) Support order modifications (ORDMOD) for incoming and outgoing personnel IOT comply with policy changes and alleviate financial burden related to travel restrictions.

3.C.2.A.5. (U) Disseminate mission essential personnel lists IOT ensure preparation for COOP.

3.C.2.A.6. (U) Ensure TDY and PCS itineraries are not in violation of active travel restrictions IOT mitigate impacts to incoming and outgoing personnel.

3.C.2.A.7. (U) As required, alter or halt force rotations, to include PCS, IOT mitigate the spread of COVID-19.

3.C.2.A.8. (U) ICW other staff codes, collate shift work and telework schedules IOT ensure accountability of all CNE-CNA/C6F personnel.

3.C.2.A.9. (U) ICW other staff codes, identify personnel qualified to operate equipment required to sustain installation support operations (Commissary) and notify those personnel to BPT perform these responsibilities as directed.

3.C.2.A.10. (U) Coordinate early return of portions of the dependent population that is assessed to be at higher risk of a poor health outcome if exposed to a COVID-19 infection.

3.C.2.A.11. (U) Identify potential 14-day quarantine CONUS locations for dependents returning due to early return.

3.C.2.B. (U) Tasks to N2.

3.C.2.B.1. (U) Coordinate with USEUCOM/J2 and USAFRICOM/J2 IOT ensure synchronization between USEUCOM BPLAN 4451 and USAFRICOM CONPLAN 2351, and cover operational seams to minimize dual-tasking of DoD intelligence for COVID-19 intelligence requirements.

3.C.2.B.2. (U) Identify and report any adversarial activities that appear to take advantage of ongoing PI-ID response.

3.C.2.B.3. (U) Identify and report risk to ongoing operations based on current travel restrictions and develop contingency plans IOT reduce impact to mission.

3.C.2.C. (U) Tasks to N3.

3.C.2.C.1. (U) Submit Commander's Assessment (OPREP-3) requesting localized or theater-wide phase change as required.

3.C.2.C.2. (U) Track the status and completion of specified tasks of USEUCOM and USAFRICOM TASKORDs and FRAGORDs IOT ensure CNE-CNA/C6F compliance.

3.C.2.C.3. (U) Utilize information provided in N1 collated reports to meet daily reporting requirements to USEUCOM and USAFRICOM.

3.C.2.C.4. (U) ICW all staff codes, identify critical operations, activities, and investments (OAs) that must be supported through later phases and develop contingency support plans IOT ensure mission accomplishment.

3.C.2.C.5. (U) Identify and report any mission impacts in relation to COVID-19 events or restrictions imposed due to COVID-19.

3.C.2.C.6. (U) BPT implement continuity of operations (COOP) plans utilizing USS MOUNT WHITNEY or alternate HQ locations IOT reduce impact to mission and ensure protection of essential personnel.

3.C.2.C.7. (U) ICW CTF-68, BPT provide security for the implementation of a COOP at an alternate HQ location ISO CNE DET MAST.

3.C.2.C.8. (U) Determine and validate personnel and equipment movement requirements and enter movement data into JOPES for visibility and sourcing.

3.C.2.C.9. (U) ICW CTF-63, BPT employ organic air assets to transport patient samples to approved testing locations IOT expedite testing on CNE-CNA/C6F personnel.

3.C.2.C.10. (U) ICW Comptroller, provide travel restriction oversight through N35 ATPF for official travel IOT prevent service members from traveling through restricted locations.

3.C.2.D. (U) Tasks to N4.

3.C.2.D.1. (U) Coordinate with USEUCOM/USAFRICOM DDOC, CTF-63, CNREURAFCENT, and FLC SIGONELLA IOT mitigate transportation disruptions as a result of HN restrictions.

3.C.2.D.2. (U) Coordinate with USEUCOM/USAFRICOM DDOC and respective J4 staffs for additional support IOT mitigate impacts of HN imposed restrictions of individual movement which may affect mobility and support operations.

3.C.2.D.3. (U) ICW NAVMEDLOGCOM, Force Medical, CNREURAFCENT, and NMRTCs, report status of theater PPE supplies, and identify procurement channels IOT address shortfalls and support anticipated mission requirements.

3.C.2.D.4. (U) BPT coordinate with Force Medical, CNREURAFCENT, NMRTCs, and FLC SIGONELLA for the procurement of medical supplies and PPE IOT support medical personnel and first responders.

3.C.2.D.5. (U) BPT coordinate logistical support augmentation to in-theater agencies IOT mitigate impact on DoD community sustainment.

3.C.2.D.6. (U) BPT coordinate actions with DeCA, NEXCOM, and AAFES to ensure sustained replenishment of food and other critical stores IOT minimize impact to DoD communities.

3.C.2.D.7. (U) BPT coordinate rapid intra-theater movement of medical PPE and other critical supplies.

3.C.2.D.8. (U) BPT coordinate contracting, transportation, and lodging for C6F and CNE DET MAST at COOP location.

3.C.2.D.9 (U) For Approved COVID-19 related support requests that require Acquisition Cross Service Agreement (ACSA) orders, CNE-CNA must inform the appropriate Office of Defense Cooperation (ODC) and the USEUCOM J45 ACSA office of any ACSA order requests for logistics support, supplies, and serviced related to COVID-19 support. POC email: anthony.r.munson.civ@mail.mil.

3.C.2.D.10. (U) Coordinate with N01-F to document all support provided pursuant to REF J and submit incremental costs incurred to the USEUCOM Comptroller. Report the estimated costs of all reimbursable support provided to Italy's COVID-19 response to USEUCOM on a weekly basis.

3.C.2.E. (U) Tasks to N51.

3.C.2.E.1. (U) Coordinate with USEUCOM and USDAOs in the USEUCOM AOR in order to facilitate official travel, reduce impact to ongoing operations, and communicate with HNs.

3.C.2.E.2. (U) Support N4 Liaison with U.S. embassies IOT coordinate the lift and transfer of COVID-19 affected personnel and mitigate the effect of travel restrictions on CNE-CNA/C6F personnel.

3.C.2.E.3. (U) Identify key engagements required to support missions in later phases that may be impacted by travel restrictions.

3.C.2.E.4. (U) As determined by CCMD, BPT cancel/postpone engagements with partner nations IOT mitigate the spread of COVID-19 and reduce risk to international relationships.

3.C.2.E.5. (U) Track requests for support from partner nations and/or embassies in the AOR.

3.C.2.F. (U) Tasks to N52.

3.C.2.F.1. (U) Coordinate with USAFRICOM and USDAOs in the USAFRICOM AOR in order to facilitate official travel, reduce impact to ongoing operations, and communicate with HNs.

3.C.2.F.2. (U) Liaise with U.S. embassies IOT coordinate the lift and transfer of COVID-19 affected personnel and mitigate the effect of travel restrictions on CNE-CNA/C6F personnel.

3.C.2.F.3. (U) Identify key engagements required to support missions in later phases that may be impacted by travel restrictions.

3.C.2.F.4. (U) As determined by CCMD, BPT cancel/postpone engagements with partner nations IOT mitigate the spread of COVID-19 and reduce risk to international relationships.

3.C.2.F.5. (U) Track requests for support from partner nations and/or embassies in the AOR.

3.C.2.G. (U) Tasks to N53.

3.C.2.G.1. (U) Advise and support COVID-19 planning and response efforts utilizing existing PI-ID deliberate plans.

3.C.2.G.2. (U) BPT support USEUCOM and USAFRICOM PI-ID deliberate planning efforts IOT synchronize theater responses to future PI-ID outbreaks.

3.C.2.H. (U) Tasks to N6.

3.C.2.H.1. (U) Identify and report critical communications requirements, procedures, and systems IOT support increased FHP requirements (social distancing, video and teleconferencing, and telework).

3.C.2.H.2. (U) Identify and report assets available to support telework operations and disseminate appropriate telework procedures IOT mitigate social distancing impacts to operations.

3.C.2.H.3. (U) Distribute and maintain telework assets to authorized personnel IOT support social distancing strategies.

3.C.2.H.4. (U) Determine and establish procedures to maintain critical communications infrastructure that could be disrupted or degraded due to increase FHP posture.

3.C.2.H.5. (U) Report to CNE-CNA/C6F the status of deployable communications systems (CNE DET MAST) IOT support COOP options.

3.C.2.H.6. (U) Identify and report locations capable of supporting CNE DET MAST operations IOT support COOP options.

3.C.2.H.7. (U) BPT establish COOP communications ISO CNE-CNA/C6F operations IOT mitigate mission impacts.

3.C.2.H.8. (U) BPT deploy CNE DET MAST equipment and personnel IOT support COOP operations and ensure continuity of mission essential functions.

3.C.2.H.9. (U) BPT redeploy, repair, inventory, and store telework assets IOT posture for future operations.

3.C.2.H.10. (U) BPT redeploy CNE DET MAST equipment and personnel and posture forces for future operations.

3.C.2.I. (U) Tasks to N7.

3.C.2.I.1. (U) Coordinate with partner nations IOT mitigate exercise impact due to CNE-CNA/C6F and partner nation COVID-19 response efforts.

3.C.2.I.2. (U) ICW CNREURAFCENT, ICOs, and Force Medical, conduct assessment of exercises occurring in the next 120 days IOT determine and identify mitigations to COVID-19 impacts.

3.C.2.I.3. (U) As required, consult N51 and N52 for guidance WRT cancellation of engagements and exercises IOT mitigate the spread of COVID-19 and reduce risk to international relationships.

3.C.2.I.4. (U) BPT cancel or postpone exercises IOT ensure FHP and reduce the spread of COVID-19.

3.C.2.I.5. (U) BPT reengage with partner nations and establish new planning efforts to continue exercises in support of USEUCOM and USAFRICOM lines of effort (LOE).

3.C.2.J. (U) Tasks to N8.

3.C.2.J.1. (U) Identify funding lines and resources to ensure ships can order appropriate PPE or additional supply acquisitions are in place IOT mitigate the effects of COVID-19.

3.C.2.J.2. (U) Identify funding lines and resources for activation of reserve forces IOT ensure augmentation of CNE-CNA/C6F personnel.

3.C.2.J.3. (U) BPT identify and reallocate funding IOT support COVID-19 mitigation actions.

3.C.2.J.4. (U) Identify exceptions to policy or BPT fund order extensions of activated reservists required to make intermediate stops, quarantine, or self-isolate IOT support force redeployment.

3.C.2.K. (U) Tasks to N9.

3.C.2.K.1. (U) Collate and provide analysis of COVID-19 trends within CNE-CNA/C6F AOR IOT assess operational impact.

3.C.2.K.2. (U) ICW Force Medical, collate lessons learned from epidemiology of previous PI-ID events (H1N1, SARS) IOT inform response options.

3.C.2.K.3. (U) Collect data and analyze COVID-19 transmission IOT provide lessons learned for future pandemics.

3.C.2.K.4. (U) IAW REF G, report reduction of task critical asset operational readiness as a result of COVID-19 induced manpower reduction.

3.C.2.K.5. (U) Submit any Final or After Action Reports (AARs) to the EUCOM LL Inbox at <eucom.stuttgart.ecj7.mbx.ll@mail.smil.mil> with Subject Line: "COVID-19 AAR" for analysis and inclusion in the USEUCOM comprehensive AAR. Final reports or AARs shall be published in a timely manner, with the goal of 60 days post return to normal operations. Reference ECI 3103.01B, dated: 1 June 2019, for additional Lessons Learned responsibilities.

3.C.2.L. (U) Tasks to Public Affairs (PA).

3.C.2.L.1.(U) Coordinate with USEUCOM and USAFRICOM IOT ensure consistent messaging.

3.C.2.L.2. (U) Coordinate Navy component public information efforts to inform and educate CNE-CNA/C6F personnel and dependents.

3.C.2.L.3. (U) Coordinate with BUMED PAO and PHEO for the release of all PA announcements related to COVID-19 IOT ensure a cohesive message from medical, regional, and relevant combatant commands.

3.C.2.L.4. (U) Disseminate informational products from Force Medical and Region PHEO.

3.C.2.L.5.(U) Create, update, and maintain CNE-CNA/C6F public affairs guidance (PAG) and CNE-CNA/C6F content plan IOT ensure consistent messaging.

3.C.2.L.6. (U) Disseminate guidance to lower echelon commands and PAOs IOT ensure comprehensive distribution of information to internal and external audiences for COVID-19.

3.C.2.L.7. (U) Dependent on delegated release authority, provide combatant command PA updates for approval, detailing all executed and planned PA products that address COVID-19. These updates should include but are not limited to AFN TV and radio public service announcements, social media, other traditional or digital media content.

3.C.2.L.8. (U) Monitor and evaluate traditional and social media IOT assess the current media environment and local sentiment.

3.C.2.M. (U) Tasks to Force Medical.

3.C.2.M.1. (U) Prepare and disseminate information on virus characteristics and force health protection measures.

3.C.2.M.2. (U) ICW CNREURAFCENT, recommend FHP measures during each phase.

3.C.2.M.3. (U) Maintain situational awareness on supplies of anti-virals and potential procurement shortfalls.

3.C.2.M.4. (U) ICW CNREURAFCENT, report CNE-CNA/C6F supply levels to EUCOM surgeon. Reports will include population at risk, pre-positioned and general stocks of antiviral medication (if indicated for treatment), PPE masks (N-95 and surgical), gloves quantity on hand. To avoid confusion and standardize reporting of antiviral medication (if indicated for

treatment), report actual number of pills, vice blister packs, bottles, or boxes for all MTFs within component regardless of size.

3.C.2.M.5. (U) ICW N3, revise and release C6F FHP guidance to operating forces.

Ensure reporting of medical status of suspected and confirmed COVID-19 cases by C6F forces to C6F and CNREURAFCENT watch floors.

3.C.2.M.6. (U) Coordinate with CNREURAFCENT, EUCOM, and AFRICOM to ensure synchronized infectious disease planning.

3.C.2.M.7. (U) Disseminate DoD guidance on clinical practice guidelines.

3.C.2.M.8. (U) Review required medical screening for forces and personnel deploying into theater as required.

3.C.2.M.9. (U) Develop basic medical threat assessment criteria for exercises and engagements.

3.C.2.M.10. (U) Coordinate with Installation and Region PHEOs to identify vulnerabilities in HN medical care system that could impact Fleet readiness.

3.C.2.M.11. (U) Assess and identify service component social distancing strategies and quarantine planning, procedures, and facilities.

3.C.2.M.12. (U) Advise commander and CTFs on mitigation strategies in order to maintain readiness and operational continuity.

3.C.2.M.13. (U) ICW MTFs and NEPMU-7, provide recommendation of the most impacted population IOT identify civilians, and dependents required to early return IOT protect the most at-risk portions of the population. BPT provide recommendations as to service members.

3.C.2.M.14. (U) ICW NEPMU-7, BPT request outbreak investigation team IOT assess outbreaks on afloat units, bases, or other installations.

3.C.2.M.15. (U) BPT coordinate with ISOS for transfer of personnel from hospitals in foreign ports if conditions warrant.

3.C.2.M.16. (U) Coordinate with OCONUS U.S. Naval Hospitals and CTF-63 in order to expedite the transfer of COVID-19 testing capability.

3.C.2.M.17. (U) Coordinate the procurement and cross-leveling of medical supplies throughout the theater in order to provide essential medical supplies to facilities.

3.C.2.M.18. (U) Monitor the Medical Situational Awareness Tool in Medical Situational Awareness in the Theater Portal to ensure unit compliance in reporting their daily medical situation report.

3.C.2.M.19. (U) IAW REF AT, ICW N4 and CNREURAFCENT, make daily reports by installation, the medical PPE requirement, current on-hand medical PPE, swab viral transportation kits, viral transportation swabs, nasopharyngeal swabs, percentage filled, any received orders, pending orders, and the delta from the previous week. This report should include both bench-stock and contingency stock.

3.C.3. (U) Tasks to C6F.

3.C.3.A. (U) Ensure all units in theater or entering the C6F AOR review this OPORD and understand all requirements outlined.

3.C.3.B. (U) ICW CNREURAFCENT, consolidate required report results for follow on reporting to USEUCOM and USAFRICOM IAW paragraph 5.B.

3.C.3.C. (U) ICW Force Medical and N1, prioritize requirements for anti-virals or prophylaxis, if indicated for treatment, IOT ensure readiness of mission essential personnel.

3.C.3.D. (U) All commands shall ensure high contact areas are cleaned IAW CDC guidelines, at a minimum, to avoid spread of disease using appropriate disinfectant solutions.

3.C.3.E. (U) Ships medical departments will evaluate stock of medical supplies per TYCOM guidance.

3.C.3.F. (U) ICW CNREURAFCENT ensure tenant and subordinate emergency action plans (EAP) are up to date and exercised.

3.C.3.G. (U) ICW CTF commanders, ensure ship and port visit medical response plans are up to date.

3.C.3.H. (U) ICW Force Medical, Installation PHEOs as needed, and N7, conduct assessment of engagements, operations, and exercises occurring in the next 120 days IOT determine and implement appropriate mitigations to COVID-19 impacts.

3.C.3.I. (U) All units provide CDC and FHP training to all hands IOT ensure recognition of symptoms and reporting procedures are understood.

3.C.3.J. (U) ICW Force Medical and PHEOs, develop medical response plans for contingency APODs/SPODs.

3.C.3.K. (U) All units develop courses of action (to include quarantine, sortie, and fast cruise) to respond to COVID-19 events IOT maintain mission assurance.

3.C.3.L. (U) All units ensure possession of NTRP 4-02.10, if not in possession, it shall be requested from Fleet Forces.

3.C.3.L.1. (U) All afloat command triads and department heads will review and exercise NTRP 4-02.10, shipboard isolation and quarantine, and BPT to execute the TTPs in this instruction.

3.C.3.M. (U) Schedule a minimum of 14 days underway from port-to-port for afloat units to permit adequate time for surveillance and monitoring for development of symptoms consistent with COVID-19. The 14 day requirement between port visits is not required if the ship is returning to the same port it most recently departed. Requests for exceptions to this policy, with appropriate mitigations, will be provided to Deputy Commander, C6F for decision on a case-by-case basis.

3.C.3.M.1. (U) Waivers will be requested by unit COs, routed through the respective CTF, to the Maritime Operations Center-Director (MOC-D), DMO, and C6F.

3.C.3.N. (U) ICW CTF Commanders, upon identification of a COVID-19 event, execute emergency medical response plans and other containment actions IOT mitigate the spread of COVID-19 and ensure mission assurance.

3.C.3.O. (U) All units BPT coordinate for the resupply of vessels at extended at sea or sequestered in port IOT mitigate operational impact due to extenuating circumstances.

3.C.3.P. (U) All units BPT coordinate with Interagency, DoS, CNREURAFCENT, and HN IOT respond to COVID-19 events.

3.C.3.Q. (U) BPT move a ship off assigned mission if unable to meet mission with current manning or if an outbreak is occurring onboard. Outbreak criteria are included in the Navy and Marine Corps Public Health Center's Guidance.

3.C.3.R. (U) ICW CTF-63, BPT employ organic air assets to transport patient samples to approved testing locations IOT expedite testing on CNE-CNA/C6F personnel.

3.C.3.S. (U) BPT conduct COOP to MTW or alternate HQ location IOT reduce impact to mission and ensure protection of essential personnel.

3.C.3.T. (U) Ensure operational units are implementing U.S. Navy frameworks and guidance in preventing, mitigating, responding to, and recovering from COVID19 outbreaks per REFs AS, BL, and BO to BT.

3.C.3.U. (U) IAW REF J, comply with NATO Rapid Air Mobility (RAM) Crisis Response Measures (CRM).

3.C.3.U.1. (U) Execute NATO Rapid Air Mobility Crisis Response Measure (NATO RAM/CRM) process when executing airlift missions ISO COVID-19 response to/from NATO nations when practical and does not significantly alter mission parameters or mission accomplishment.

3.C.3.U.2. (U) Coordinate with USAFE for use of NATO RAM/CRM callsigns, flight routing, and other applicable procedures.

3.C.3.U.3. (U) Provide a daily situation report (SITREP) of NATO RAM/CRM sorties flown to USAFE.

3.C.4. (U) Tasks to CNREURAFCENT.

3.C.4.A. (U) All commanders shall review TAD, TDY, and LV and approve on a case by case basis IOT mitigate risk to personnel and maintain mission assurance.

3.C.4.B. (U) ICW CNE-CNA/C6F PAO, execute communications plans specific to infectious disease and COVID-19.

3.C.4.C. (U) Monitor regional host nation infectious disease activities and related shortfalls in existing HN and other agreements to ensure future negotiations address these shortfalls.

3.C.4.D. (U) Coordinate and de-conflict PI-ID planning affecting installations with Commander Naval Installations Command (CNIC).

3.C.4.E. (U) Assist CNE-CNA/C6F with national and regional HN coordination, as directed.

3.C.4.F. (U) In the event of a lack of guidance, establish protocols for APOD/SPOD screening and sanitization of U.S. assets that support operations.

3.C.4.G. (U) Collate unit and tenant reports on medical status; pass information on COVID-19 cases to the ROC.

3.C.4.H. (U) ICW Force Medical and NEPMU-7, recommend FHP measures for every installation during each phase.

3.C.4.I. (U) Prepare and disseminate information on virus characteristics and FHP measures.

3.C.4.J. (U) ICOs ensure adherence to CDC and HN quarantine guidance, as required.

3.C.4.K. (U) Monitor developments and availability of antiviral medications IOT posture for rapid procurement and distribution.

3.C.4.L. (U) Develop strategy and implement family support programs to support deploying or infected service members and family members.

3.C.4.M. (U) Ensure funding is available for forces IOT to enable response options for COVID-19 mitigation and management.

3.C.4.N. (U) Identify incident command and response structure ICW CNE-CNA/C6F as required.

3.C.4.O. (U) Conduct outreach and education programs with target populations including EUCOM and AFRICOM forces, civilian components, DoD beneficiaries, sponsored dependents, contractors and local national employees in accordance with guidance and information found at www.cdc.gov.

3.C.4.P. (U) Ensure installation services provide continued support of mission essential services as requested through tenant command EAPs in support of fleet operations as well as the protected population.

3.C.4.Q. (U) Plan for U.S. imposed (internal) and HN imposed (external) ROM, quarantine, and isolation procedures to include security, communications, sustainment, coordination with local HN officials and organizations.

3.C.4.R. (U) Region PHEO ICW with MTFs and Force Medical will identify medical supply shortfalls in support of the CNE-CNA-C6F and CNREURAFCENT plan.

3.C.4.S. (U) Conduct infectious disease exercises and encourage HN participation where possible.

3.C.4.T. (U) Ensure proper supplies are identified and supported.

3.C.4.U. (U) Review, update, and execute installation infectious disease plans.

3.C.4.V. (U) ICW Force Medical, NEMPU-7, and N7, conduct assessment of operations and exercises occurring in the next 120 days IOT determine and implement appropriate mitigations to COVID-19 impacts.

3.C.4.W. (U) Confirm MTFs have identified local host nation (HN) medical facilities and coordinated infectious disease reporting and treatment activities.

3.C.4.X. (U) Implement social distancing strategies for staff and tenant commands to include ad hoc telework, shift work, limiting community events, limiting number of personnel in support facilities.

3.C.4.Y. (U) As required, initiate COOP plan IOT ensure mission continuity.

3.C.4.Z. (U) As required, mobilize response assets IOT address emerging public health concerns as a result of COVID-19.

3.C.4.AA. (U) As directed, support HA/DR IOT reduce human suffering and strengthen international relationships in the CNE-CNA/C6F AOR.

3.C.4.AB. (U) As required, support mortuary affairs.

3.C.4.AC. (U) Enforce restriction of movement, sequester, quarantine, and isolation IOT align with CDC and host nation guidelines and mitigate the spread of COVID-19.

3.C.4.AD. (U) Close/Sustain bases as directed IOT mitigate the operational impacts of COVID-19 and ensure FHP.

3.C.4.AE. (U) BPT support the implementation of DoD or HN directed passenger screening protocols at APODS/SPODS under U.S. control.

3.C.4.AF. (U) BPT provide support to sponsored pets of individuals identified for ROM, PUI, or COVID-19 case.

3.C.4.AG. (U) ICOs BPT execute town hall meetings IOT inform and direct CNE-CAN/C6F personnel.

3.C.4.AH. (U) ICW TRANSCOM/N41, BPT coordinate rerouting of flights IOT adhere to emerging HN requirements.

3.C.4.AI. (U) BPT coordinate with MTFs IOT establish a hotline to address infectious disease related questions from the community.

3.C.4.AJ. (U) BPT liaise with DoS and MTFs concerning host nation government health care delivery systems in order to align infectious disease response plans.

3.C.4.AK. (U) BPT facilitate additional sick-call hours to support increased patient load.

3.C.4.AL. (U) BPT provide detail count of anti-virals or prophylaxis, if any are approved for use against COVID-19 infections IOT support accurate pill count.

3.C.4.AM. (U) BPT recommend NFAAS needs assessment IOT support affected families.

3.C.4.AN. (U) BPT provide sustainment for personnel designated as medically required to be in quarantine, located in personal lodging or on base.

3.C.4.AO. (U) BPT provide ECP support to units affected by an outbreak (with installation personnel or HN supporting depending on location).

3.C.4.AP. (U) BPT Conduct personnel and material replacement as required in order to aid in the recovery from COVID-19 outbreak.

3.C.4.AQ. (U) IAW REF G, ICW CNE-CNA/C6F N4 and Force Medical, make daily reports by installation, the medical PPE requirement, current on-hand medical PPE, swab viral transportation kits, viral transportation swabs, nasopharyngeal swabs, percentage filled, any received orders, pending orders, and the delta from the previous week. This report should include both bench-stock and contingency stock.

3.C.4.AR. (U) ICW CNE-CNA/C6F, IAW REFS N and R, within 24 hours of determining a passenger transported via USTRANSCOM airlift is COVID-19 positive, CNE-CNA/C6F will

report passenger details to the USEUCOM JOC or USAFRICOM JOC, as appropriate. Passenger details shall include: mission number, seat number, reason for travel/rank, number of potential close contacts exposed, origin of passenger/losing organization, and a receiving organization point of contact.

3.C.5. (U) Tasks to all.

3.C.5.A. (U) Communicate to all personnel the importance of compliance with appropriate personal protective measures.

3.C.5.B. (U) Alter official travel IAW travel restrictions IOT reduce risk of spread of COVID-19.

3.C.5.C. (U) Ensure subordinate units and tenant commands report COVID-19 cases, persons under investigation, or restrictions of movement IAW paragraph 5.B.

3.C.5.D. (U) In addition to required reports in REF F and AC, all units with PUI, ROM, or COVID-19 cases shall submit reports to the Military Health System (MHS) via the Disease Reporting System Internet (DRSI) and submit follow on email to dha.ncr.health-surv.list.ib-alert-response@mail.mil.

3.C.5.E. (U) Provide support to CNE-CNA/C6F Crisis Action Team (CAT) as directed.

3.C.6.F. (U) Review current contracts IOT ensure continued support of services in a COVID-19 environment.

3.C.5.G. (U) ICW N1, identify key personnel required to sustain minimum operational command and control capability.

3.C.5.H. (U) Review need for contingency contracting IOT ensure continuity of operations.

3.C.5.I. (U) Implement social distancing strategies IOT reduce the spread of COVID-19.

3.C.5.J. (U) Commands will ensure 100 percent flu vaccination requirements have been met.

3.C.5.K. (U) BPT establish clean corridor routes and implement decontamination procedures IOT mitigate spread due to outbreaks.

3.C.5.L. (U) BPT identify and order all non-essential personnel to shelter in place IOT further mitigate the spread of COVID-19.

3.C.5.M. (U) Supervisors determine non-essential civilian employees and BPT place them on administrative LV or telework IOT mitigate the spread of COVID-19 and support social distancing strategies.

3.C.5.N. (U) All commands shall ensure all LV currently in NSIPS is reviewed under the latest COVID-19 guidelines and travel restrictions.

3.C.5.O. (U) OPSEC pertains to critical but unclassified information that requires additional protection and deliberate measures to safeguard due to the sensitivity and possible impact to operations. OPSEC implementation must be considered in all phases of planning and execution to protect critical information. Commanders will ensure all members are aware of potential vulnerabilities of using social media sites, open communication systems, geo-location devices, and informal social gatherings.

3.C.5.P. (U) In light of new security concerns, IAW REF J, effective immediately, use of the commercial version of ZOOM software is not authorized for the conduct of official business. The use of "ZOOM for Government" purchased through FedRamp is authorized for use up to Non-FOUO (Impact Level 2-Non-Critical Mission Information) on USEUCOM networks and devices. The use of Microsoft Teams Commercial Virtual Remote (CVR) is also authorized and recommended for use to enable collaboration and telework opportunities while minimizing the need for in person meetings. Ensure proper security precautions are taken to prevent unauthorized disclosure when using collaboration tools in secure spaces.

3.C.5.Q. (U) Provide a Command ROM Recommendation Point of Contact (POC) to their Supporting U.S. Navy MTF. The POC shall include an individual name and/or position (e.g., CPO Jane Smith or Command Duty Officer) as well as a phone number and an e-mail address

for that name/position. The Command ROM Recommendation POC will receive notification of individual ROM recommendations from Supporting MTFs.

3.C.5.R. (U) Following POC receipt of an individual ROM recommendation from a Supporting MTF, each command shall issue an individualized ROM letter to the individual recommended for ROM by the Supporting MTF. The ROM letter template is available for download at REF BD.

3.C.5.S. (U) Submit all lessons to the CNE-CNA/C6F Lessons Learned Manager IAW paragraph 4.C.

3.C.6. (U) Tasks to Supporting U.S. Navy MTFs.

3.C.6.A. (U) Provide daily medical situation report NLT 1300Z via Medical Situational Awareness in the Theater Portal as required by USEUCOM/USAFRICOM IOT provide a medical common operating picture and inform the Combatant Commanders, Service Commanders, and their staff of regional medical capabilities and shortfalls.

3.C.6.B. (U) Provide Force Medical daily numbers and priority level of COVID-19 samples that require transfer to LRMC for testing NLT 0630Z daily to email addresses provided by Force Medical IOT ensure samples are transported expeditiously.

3.C.6.C. (U) Coordinate with Force Medical on RFIs IOT provide timely and accurate information for decision making.

3.C.6.D. (U) Notify Command ROM Recommendation POCs of any individual ROM recommendations for service members and civilian employees attached to a POC's command or for dependents sponsored by a POC's command.

4. (U) ADMINISTRATION AND LOGISTICS.

4.A. (U) Force Health Protection (FHP). FHP requirements for deployment health surveillance apply. Ensure all deployment health requirements are performed IAW DoDI, 6490.03, Deployment Health, 19 June 2019. Ensure all personnel deploying in support of this mission comply with Service Component specific FHP requirements and associated country-specific guidance. Reference the National Center for Medical Intelligence (NCMI) classified website at <https://www.ncmi.dia.smil.mil>; the NCMI unclassified website at <https://www.ncmi.detrack.army.mil>; and the TRAVAX unclassified website at <https://www.travax.com> for the most current health threat information.

4.B. (U) The CNE-CNA/C6F Public Affairs (PA) Posture for this COVID-19 response is active. CNE-CNA/C6F will assume PA lead for media queries as delegated by higher headquarters.

4.B.1 (U) Per REF G, only OSD or the services will release numbers of COVID-19 cases that are aggregated at DoD/Service levels. Numbers of people in isolation, quarantine or possibly infected will not be released. Any inquiries requesting numbers of infected within the CNE-CNA AOR will be referred to OSD.

4.C. (U) Lessons Learned

4.C.1. (U) Directorates and Subordinate Commands/Task Forces shall collect and submit lessons generated from planning and execution of action to sustain operational readiness during COVID-19. Lessons should address doctrine, organization, training, material, leadership and education, personnel, facilities and policy (DOTMLPF-P) gaps to improve future capabilities, along with capturing best practices, tools, and techniques on how to handle future pandemic and emerging infectious disease events.

4.C.2. (U) Lessons shall be submitted IAW Appendix 31 to Annex C of OPORD 4000 to C6F Lessons Learned Manager (C6F-Lessons@eu.navy.(smil.)mil). Lessons shall follow the JLLIS format (observation, discussion, and recommendation) and be classified at the lowest possible level.

4.C.3. (U) Lessons on maintaining operational readiness during previous pandemics and similar events are made available through the C6F Lessons Learned Program. Resources include the following:

4.C.3.A (U) <https://www.jllis.mil/apps/?do=cops.view&copid=3381>

4.C.3.B (U) <https://www.jllis.smil.mil/apps/?do=cops.view&copid=864>

4.C.3.C. (U) Ms. Niki Leiva: niki.leiva.ctr@eu.navy.smil.mil.

4.D. (U) Cloth Face Coverings. CNE-CNA commands are authorized, but not required, to use Operation & Maintenance (O&M) funds to procure cloth face coverings for service members, civilian employees, as well as other individuals who spend significant time in proximity to those service members and civilian employees (such as dependents, roommates, and other co-habitants). Guidance for wear of cloth face coverings during COVID-19 is at REFS AI, and BJ.

5. (U) COMMAND AND SIGNAL.

5.A. (U) Command Relationships

5.A.1. (U) USNORTHCOM is the supported commander for pandemic preparation and planning and is coordinating the global response to COVID-19. All other GCC, including USEUCOM and USAFRICOM, are supporting.

5.A.2. (U) CNE-CNA is the supported operational commander in the CNE-CNA AOR. All subordinate commanders, including C6F and CNREURAFCENT, are supporting.

5.B. (U) Signal.

5.B.1. (U) All required reports shall be reported via appropriate operational and administrative channels to the CNE-CNA/C6F Fleet Command Center (FCC) via the Battle Watch Captain (BWC) and CNREURAFCENT Region Operation Center (ROC) IAW REFS F, J, AC, and BL and any applicable subsequent guidance on reporting.

5.B.2. (U) The FCC and ROC will consolidate and forward reports to the Joint Operations Center (JOC) and Navy Operations Center (NOC), respectively.

5.B.3 (U) Points of Contact.

5.B.3.A. (U) CNE-CNA-C6F FCC BWC 24/7: COMM: 011-39-081-568-4551/52 or DSN: 314-626-4551/52, [BWC\(AT\)eu.navy.mil](mailto:BWC(AT)eu.navy.mil).

5.B.3.B. (U) CNR EURAFCENT ROC Watch 24/7, COMM: 011-39-081-568-1982/89 or DSN: 314-626-1982/89, [fct.na.cnreROC\(AT\)eu.navy.mil](mailto:fct.na.cnreROC(AT)eu.navy.mil).

5.B.3.C. (U) CNE-CNA-C6F Surgeon's Office: USN, COMM: 011-39-081-568-4690, DSN 314-626-4690, [cne-c6f_hss1\(AT\)eu.navy.mil](mailto:cne-c6f_hss1(AT)eu.navy.mil).

5.B.3.D. (U) CNE-CNA-C6F N1: COMM: 011-39-081-568-1264, DSN: 314-626-1264, elizabeth.smith@eu.navy.mil.

6. (U) APPROVAL.

6.A. (U) This Message is approved for release and immediate execution by Chief of Staff, Naval Forces Europe and Africa.

6.B. (U) CNE-CNA/C6F staff sections and subordinate commands acknowledge receipt.

CLASSIFICATION: UNCLASSIFIED//